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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**RECEIVED**

DEC 17 2007 *new*

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

RAMONE GRIFFIN

20060089113

DEC 17 2007

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

**07cv7069**

**JUDGE BUCKLO**

**MAG. JUDGE ASHMAN**

vs.

Case N

(To be supplied by the Clerk of this Court)

SHERIFF TOM DART

MEDICAL DIRECTOR TING

OFFICER KOZEL

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

☒ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983**  
U.S. Code (state, county, or municipal defendants)

☐ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE**  
**28 SECTION 1331 U.S. Code (federal defendants)**

☐ **OTHER** (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

**I. Plaintiff(s):**

- A. Name: RAMONE GRIFFIN
- B. List all aliases: NONE
- C. Prisoner identification number: 20060088113
- D. Place of present confinement: COOK COUNTY JAIL
- E. Address: 2750 S. CALIFORNIA CHGO IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: SHERIFF TOM DART  
 Title: COOK COUNTY SHERIFF  
 Place of Employment: COOK COUNTY, ILLINOIS
- B. Defendant: MEDICAL DIRECTOR TING  
 Title: COOK COUNTY JAIL MEDICAL DIRECTOR  
 Place of Employment: COOK COUNTY JAIL
- C. Defendant: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

## IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

COUNT ① 8TH AMENDMENT / CRUEL AND UNUSUAL PUNISHMENT / 14TH AMENDMENT / DUE PROCESS BEGINNING JUNE 10, 2006. DEFENDANTS BEGAN VIOLATING MY RIGHTS AND DENYING ME MEDICAL ATTENTION. I STARTED SUFFERING FROM PRIOR INJURIES i.e. GUNSHOT WOUNDS. WHICH INCLUDES (RODS AND PINS) IN BOTH OF MY LEGS WHICH CAUSES ME EXTREME PAIN. WHEN I MADE REQUEST TO RECEIVE FURTHER MEDICAL ATTENTION IN COOK CO. JAIL IT TOOK 7 PLUS MONTHS FOR THE DEFENDANTS TO AT LEAST CALL ME TO SPEAK TO ME. BUT I GOT LITTLE HELP AND MANY REFUSALS. PLAINTIFF MADE NUMEROUS REQUESTS FOR HELP FOR FOLLOW-UP MEDICAL ATTN. HAD DEFENDANTS ANSWERED HIS REQUEST, THEY WOULD HAVE NOTICED THAT MY HIP AND FEMUR ON MY RIGHT LEG WAS HEALING BACK THE WRONG WAY (CROOKED AND APART) WHICH WAS LATER DISCOVERED BY X-RAY. NOW DUE TO THE DEFENDANTS INTENTIONALLY REFUSING PLAINTIFF MEDICAL ATTN. PLAINTIFF'S PAIN HAS INCREASED. DEFENDANTS ARE SUED IN THEIR INDIVIDUAL AND OFFICIAL CAPACITIES. WHEREAS DEFENDANTS KNEW OR SHOULD HAVE KNOWN THAT THEIR ACTIONS COULD OR WOULD CAUSE HIM IRREPARABLE INJURY. DEFENDANTS DID SO MALICIOUSLY AND INTENTIONALLY FOR NO PENOLOGICAL PURPOSE. AS A RESULT OF THESE VIOLATIONS PLAINTIFF SUFFERS FROM SEVERE PAIN IN HIS BACK AND LEGS, CROOKED BONES AND SWELLING CONSTANTLY, SEVERE DEPRESSION, SEVERE HEADACHES AND A BAD LIMP WHEN WALKING.

NOTE: ALL DEFENDANTS KNEW OF PLAINTIFF MEDICAL PROBLEM  
 8TH & 14TH AMENDMENT (CRUEL AND UNUSUAL PUNISHMENT) DUE  
 PROCESS COUNT ② ON DEC 15, 2006 DEFENDANT OFFICER

COUNT ② KOZEL TOOK PLAINTIFFS CRUTCHES FROM HIM FOR NO REASON  
 EXCEPT TO CAUSE HIM PAIN AND SUFFERING. PLAINTIFF SPOKE  
 TO DEFENDANT WHO TOLD HIM TO STOP "BITCHING AND BOND  
 OUT" THEN DEFENDANT LAUGHED WHEN DEFENDANT <sup>R.G.</sup> TOOK  
 PLAINTIFFS CRUTCHES. HE BEGAN HAVING TROUBLE WALKING  
 AND HAVING MORE PAIN AND SWELLING. DEFENDANTS ACTION  
 WERE A CONTRIBUTING FACTOR IN HIS NEW MEDICAL PROBLEM  
 DEFENDANTS ARE SUED IN THEIR INDIVIDUAL AND  
 CAPACITIES. DEFENDANT KNEW OR SHOULD HAVE KNOWN  
 THAT HIS ACTIONS <sup>R.G.</sup> <sup>↑ COULD OR</sup> WOULD CAUSE PLAINTIFF IRREPARABLE  
 INJURY. AND DID SO MALICIOUSLY AND WITH THE INTENT  
 TO CAUSE INJURY. FOR NO PENOLOGICAL PURPOSE.  
 AS A RESULT PLAINTIFF SUFFERS HEADACHES, DEPRESSION,  
 BONE DEFORMITY.

COUNT ③ 8TH AMENDMENT - CRUEL AND UNUSUAL PUNISHMENT

14TH AMENDMENT - DUE PROCESS ON OR ABOUT 8-20-0

I COMPLAINED ABOUT MY BLEEDING GUMS, TOOTH  
ACHES GROWING DENTAL PROBLEMS: ON OR ABOUT  
THE ABOVE DATE MY GUMS STARTED BLEEDING, AS  
THEY DO JUST ABOUT DAILY NOW, I WAS TRYING  
TO BRUSH MY TEETH HERE TO MAINTAIN PROPER DENTA  
HYGIENE. BUT THE DEFENDANTS STOPPED SELLING  
OR PROVIDING TOOTH BRUSHES THAT WILL REACH MY  
BACK TEETH. THE CONTRAPTION I MUST USE IS 2 INCHES  
LONG AND CANNOT REACH THE BACK OF MY MOUTH AND  
SINCE DEFENDANTS WON'T LET ME GET DENTAL  
FLOSS EITHER I MUST HAVE "BAD BREATH" AND DENTAL  
PROBLEMS. PLAINTIFF SENT/MADE OUT NUMEROUS  
REQUEST AND GRIEVANCES TO GET HELP BUT WAS  
TOLD THAT "YALL DONT GET DENTAL OR EYE CARE ANYMORE  
WRITE YOUR GOVERNOR" DEFENDANTS ARE SUED IN THEIR  
INDIVIDUAL AND OFFICIAL CAPACITIES. DEFENDANTS  
KNEW OR SHOULD HAVE KNOWN THAT THEIR ACTIONS WOULD  
CAUSE PLAINTIFF IRREPARABLE INJURY AND DID SO  
MALICIOUSLY FOR NO PENOLOGICAL PURPOSE.  
AS A RESULT OF DEFENDANTS ACTIONS, PLAINTIFF NOW  
SUFFERS FROM GUM INFECTION, BLEEDING GUMS,  
GINGIVITIS, DECAYING TEETH AND SEVERE  
DEPRESSION.

## V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

\$100,000<sup>00</sup> FOR COMPENSATORY DAMAGES FOR EACH COUNT.  
\$500,000<sup>00</sup> FOR PUNITIVE DAMAGES FOR EACH COUNT.  
AND ANY OTHER RELIEF THIS COURT DEEMS JUST AND EQUITABLE.  
ALL RELATED MEDICAL EXPENSES FOR A TIME THAT SHOULD NOT  
EXCEED THE YEAR 2026 OR TWENTY YEARS AFTER FINAL DISPOSITION  
OF THIS CASE. PLUS ALL COURT COST AND LEGAL FEES.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

## CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 4 day of DEC, 2006

Ramone Griffin  
 (Signature of plaintiff or plaintiffs)

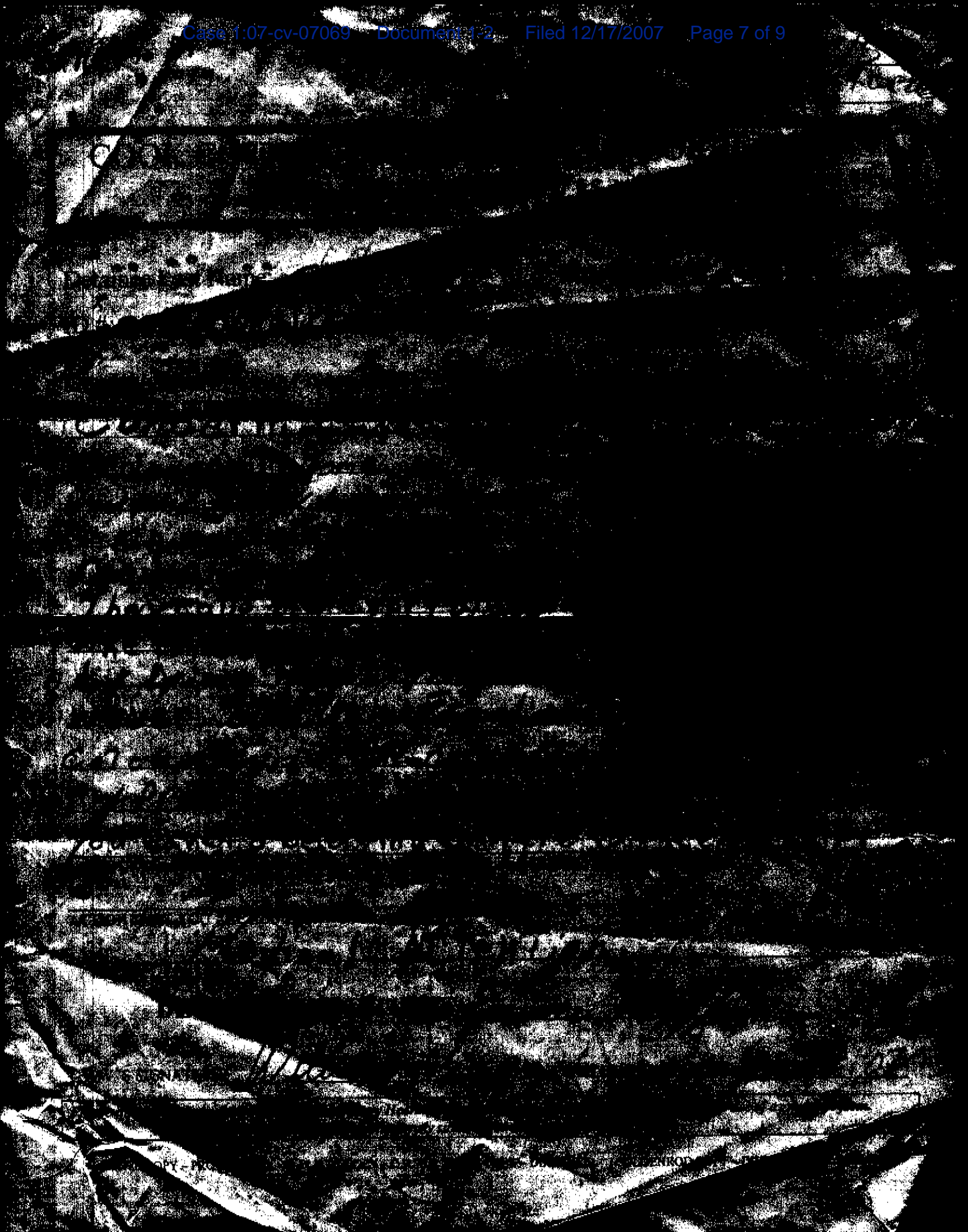
RAMONE GRIFFIN  
 (Print name)

20060089113  
 (I.D. Number)

2750 S. CALIFORNIA AVE.

P.O. BOX # 089002

CHICAGO, IL, 60608  
 (Address)





Referred To: C. E. [unclear] 101205

COOK COUNTY DEPARTMENT OF CORRECTIONS  
DETAINEE GRIEVANCE

Detainee Last Name: Griffin First Name: Ramone

ID# 102800007

BRIEF SUMMARY OF THE COMPLAINT: To me this is cancer

I have a problem with the Dental clinic  
for not cleaning teeth here like any other  
clinic that do medical attention for dental  
issues. The junk food been sold here  
here after so much sweets will be a problem  
to for I we should get medical attention  
every thing in the Department  
Medical help. Having gum problems the dentist  
don't do anything but pull teeth from  
dentist. Told me when I went to the  
dentist a couple weeks ago  
Ramone Griffin

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

ACTION THAT YOU ARE REQUESTING:

Clean and fix teeth

DETAINEE SIGNATURE: Ramone Griffin

C.R.W. SIGNATURE: [Signature]

DATE C.R.W. RECEIVED: 9-1-07

Please note: Decisions of the "Detainee Grievance Hearing Board" are final and subject to the use of a grievance form.  
All grievances must be written and directly submitted to the Department.



Referred To

NOV 14 2007

# COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE COMPLAINT

Detainee Last Name CRIFFIELD

First Name Ramon

INMATE # 008043 DIV 4 Date 08/13/07

BRIEF SUMMARY OF THE COMPLAINT: Detainees housed in division one have been placed in restrictive lock down  
without being in a maximum security division  
we were not given a reason as to why nor given  
proper notice or an opportunity to be heard or  
charged with any disciplinary infraction to induce  
such a sanction or corporate such punishment

Violation of The due process clause embodied in  
The Fifth and Fourteenth Amendment of The  
Constitution, which prohibits Federal and State  
government respect of the fundamental rights  
of individual persons without the process of the law

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT

ACTION THAT YOU ARE REQUESTING

Restrictive Segregation Punishment

DETAINEE SIGNATURE: Ramon Criffield

C.R.W.'S SIGNATURE: [Signature]

DATE C.R.W. RECEIVED 9/4/07

Please note: Detainees are not permitted to file a "Complaint" with the "Disciplinary Hearing Board" until they have first exhausted the use of a grievance form.  
All appeals must be made in writing and directly submitted to the Superintendent.